

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-876)</small>							<small>SERIAL NO.</small> 10/088470		<small>FILING DATE</small> 		
							<small>APPLICANT(S)</small> 				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1										
2		1									
3		1									
4		1									
5		1									
6		1									
7		1									
8		1									
9		1									
10		1									
11		1									
12		1									
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											
54											
55											
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											
96											
97											
98											
99											
100											
TOTAL IND.	1										
TOTAL DEP.	11										
TOTAL CLAIMS	12										
TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											